

Pride in Parenting

**HEALTH PROVIDER VERIFICATION FORM
(MOTHER)**

Subject ID:

AFFIX LABEL HERE

Abstraction Date:

|_|_| - |_|_| - |_|_|
Mo Day Yr

ABSTRACT THROUGH: |_|_| - |_|_| - |_|_|
Mo Day Yr

Abtractor's Name: _____

A. BACKGROUND INFORMATION

1. Mother's Date of Birth: |_|_| - |_|_| - |_|_|
Mo Day Yr

Unknown/Not Mentioned 888888
(If any portion of date is unknown/not mention, fill with 88)

2. Provider/Hospital Name: _____ Provider Code: |_|_|_|

3. Total number of visits to this provider (through abstraction date): |_|_|

(IF MORE THAN 5 VISITS ATTACH A SUPPLEMENTAL FORM)

B. VISIT #1

1. Date of Visit:

a. From:

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Mo Day Year

b. To:

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Mo Day Year

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....888888
(If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?

a. Date: ____|____| - ____|____| - ____|____|

b. Time: ____|____|____|____| (USE MILITARY TIME)

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....8888

8. Was the mother referred to the ER by a health care provider?

YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**

9. If YES, why?

Severity of illness/injury 1
After regular provider's hours of business . 2
Other (**SPECIFY**) 3

Unknown/Not mentioned 8

10. How was the mother transported to the ER?

Ambulance 1
Walk-in 2
Unknown/Not mentioned 8

11. Did the ER visit result in a hospitalization?

YES 1
NO 2
Unknown/Not mentioned 8

12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)

YES 1
NO 2
Not sure 8

13. What was the name of the doctor and/or nurse who treated the mother?

Doctor: _____ Nurse: _____

14. How was the visit paid for?

Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7

Unknown/Not mentioned 8

C. VISIT #2

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?

a. Date: ____|____| - ____|____| - ____|____|

b. Time: ____|____|____|____| (USE MILITARY TIME)

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....8888

8. Was the mother referred to the ER by a health care provider?

YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**

9. If YES, why?

Severity of illness/injury 1
After regular provider's hours of business . 2
Other (**SPECIFY**) 3

Unknown/Not mentioned 8

10. How was the mother transported to the ER?

Ambulance 1
Walk-in 2
Unknown/Not mentioned 8

11. Did the ER visit result in a hospitalization?

YES 1
NO 2
Unknown/Not mentioned 8

12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)

YES 1
NO 2
Not sure 8

13. What was the name of the doctor and/or nurse who treated the mother?

Doctor: _____ Nurse: _____

14. How was the visit paid for?

Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7

Unknown/Not mentioned 8

D. VISIT #3

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?

a. Date: ____|____| - ____|____| - ____|____|

b. Time: ____|____|____|____| (USE MILITARY TIME)

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....8888

8. Was the mother referred to the ER by a health care provider?

YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**

9. If YES, why?

Severity of illness/injury 1
After regular provider's hours of business . 2
Other (**SPECIFY**) 3

Unknown/Not mentioned 8

10. How was the mother transported to the ER?

Ambulance 1
Walk-in 2
Unknown/Not mentioned 8

11. Did the ER visit result in a hospitalization?

YES 1
NO 2
Unknown/Not mentioned 8

12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)

YES 1
NO 2
Not sure 8

13. What was the name of the doctor and/or nurse who treated the mother?

Doctor: _____ Nurse: _____

14. How was the visit paid for?

Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7

Unknown/Not mentioned 8

E. VISIT #4

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?

a. Date: ____|____| - ____|____| - ____|____|

b. Time: ____|____|____|____| (USE MILITARY TIME)

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....8888

8. Was the mother referred to the ER by a health care provider?

YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**

9. If YES, why?

Severity of illness/injury 1
After regular provider's hours of business . 2
Other (**SPECIFY**) 3

Unknown/Not mentioned 8

10. How was the mother transported to the ER?

Ambulance 1
Walk-in 2
Unknown/Not mentioned 8

11. Did the ER visit result in a hospitalization?

YES 1
NO 2
Unknown/Not mentioned 8

12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)

YES 1
NO 2
Not sure 8

13. What was the name of the doctor and/or nurse who treated the mother?

Doctor: _____ Nurse: _____

14. How was the visit paid for?

Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7

Unknown/Not mentioned 8

F. VISIT #5

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?

a. Date: ____|____| - ____|____| - ____|____|

b. Time: ____|____|____|____| (USE MILITARY TIME)

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....8888

8. Was the mother referred to the ER by a health care provider?

YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**

9. If YES, why?

Severity of illness/injury 1
After regular provider's hours of business . 2
Other (**SPECIFY**) 3

Unknown/Not mentioned 8

10. How was the mother transported to the ER?

Ambulance 1
Walk-in 2
Unknown/Not mentioned 8

11. Did the ER visit result in a hospitalization?

YES 1
NO 2
Unknown/Not mentioned 8

12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)

YES 1
NO 2
Not sure 8

13. What was the name of the doctor and/or nurse who treated the mother?

Doctor: _____ Nurse: _____

14. How was the visit paid for?

Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7

Unknown/Not mentioned 8

G. VISIT #6

1. Date of Visit:

a. From:

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Mo Day Year

b. To:

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Mo Day Year

Unknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....888888
(If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum	1
Postpartum complications	2
Family Planning	3
General health	4
Re-Check or Follow-Up	5
Blood Work/Other test	6
Injury	7
Illness	8
Other (SPECIFY)	9

Unknown/Not Mentioned	88
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3. Chief complaint (if applicable):

4. Type of visit:

ER	1	
Hospital In-Patient	2	◦ GO TO Q13
Hospital Out-Patient	3	◦ GO TO Q13
Public Clinic	4	◦ GO TO Q13
Private Clinic	5	◦ GO TO Q13
Private Practice	6	◦ GO TO Q13
HMO	7	◦ GO TO Q13

5. What time did the mother check in to the ER? (USE MILITARY TIME)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (USE MILITARY TIME)

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?
- a. Date: ____/____/____ - ____/____/____ b. Time: ____/____/____ (USE MILITARY TIME)
- Unknown/Not Mentioned 888888 Unknown/Not Mentioned.....8888
(If any portion of date is unknown, fill with 88)
8. Was the mother referred to the ER by a health care provider?
- YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**
9. If YES, why?
- Severity of illness/injury 1
After regular provider's hours of business 2
Other (**SPECIFY**) 3
- _____
Unknown/Not mentioned 8
10. How was the mother transported to the ER?
- Ambulance 1
Walk-in 2
Unknown/Not mentioned 8
11. Did the ER visit result in a hospitalization?
- YES 1
NO 2
Unknown/Not mentioned 8
12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)
- YES 1
NO 2
Not sure 8
13. What was the name of the doctor and/or nurse who treated the mother?
- Doctor: _____ Nurse: _____
14. How was the visit paid for?
- Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7
- _____
Unknown/Not mentioned 8

H. VISIT #7

1. Date of Visit:

a. From:

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Mo Day Yearb. To:

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Mo Day YearUnknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)Unknown/Not Mentioned.....888888
(If any portion of date is unknown, fill with 88)2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?
- a. Date: ____/____/____ - ____/____/____ b. Time: ____:____:____ (USE MILITARY TIME)
- Unknown/Not Mentioned 888888 Unknown/Not Mentioned.....8888
(If any portion of date is unknown, fill with 88)
8. Was the mother referred to the ER by a health care provider?
- YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**
9. If YES, why?
- Severity of illness/injury 1
After regular provider's hours of business 2
Other (**SPECIFY**) 3
- _____
Unknown/Not mentioned 8
10. How was the mother transported to the ER?
- Ambulance 1
Walk-in 2
Unknown/Not mentioned 8
11. Did the ER visit result in a hospitalization?
- YES 1
NO 2
Unknown/Not mentioned 8
12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)
- YES 1
NO 2
Not sure 8
13. What was the name of the doctor and/or nurse who treated the mother?
- Doctor: _____ Nurse: _____
14. How was the visit paid for?
- Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7
- _____
Unknown/Not mentioned 8

I. VISIT #8

1. Date of Visit:

a. From:

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Mo Day Yearb. To:

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Mo Day YearUnknown/Not Mentioned 888888
(If any portion of date is unknown, fill with 88)Unknown/Not Mentioned.....888888
(If any portion of date is unknown, fill with 88)2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?
- a. Date: ____/____/____ - ____/____/____ b. Time: ____:____:____ (USE MILITARY TIME)
- Unknown/Not Mentioned 888888 Unknown/Not Mentioned.....8888
(If any portion of date is unknown, fill with 88)
8. Was the mother referred to the ER by a health care provider?
- YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**
9. If YES, why?
- Severity of illness/injury 1
After regular provider's hours of business 2
Other (**SPECIFY**) 3
- _____
Unknown/Not mentioned 8
10. How was the mother transported to the ER?
- Ambulance 1
Walk-in 2
Unknown/Not mentioned 8
11. Did the ER visit result in a hospitalization?
- YES 1
NO 2
Unknown/Not mentioned 8
12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)
- YES 1
NO 2
Not sure 8
13. What was the name of the doctor and/or nurse who treated the mother?
- Doctor: _____ Nurse: _____
14. How was the visit paid for?
- Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7
- _____
Unknown/Not mentioned 8

J. VISIT #9

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

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Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?
- a. Date: ____/____/____ - ____/____/____ b. Time: ____:____:____ (USE MILITARY TIME)
- Unknown/Not Mentioned 888888 Unknown/Not Mentioned.....8888
(If any portion of date is unknown, fill with 88)
8. Was the mother referred to the ER by a health care provider?
- YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**
9. If YES, why?
- Severity of illness/injury 1
After regular provider's hours of business 2
Other (**SPECIFY**) 3
- _____
Unknown/Not mentioned 8
10. How was the mother transported to the ER?
- Ambulance 1
Walk-in 2
Unknown/Not mentioned 8
11. Did the ER visit result in a hospitalization?
- YES 1
NO 2
Unknown/Not mentioned 8
12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)
- YES 1
NO 2
Not sure 8
13. What was the name of the doctor and/or nurse who treated the mother?
- Doctor: _____ Nurse: _____
14. How was the visit paid for?
- Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7
- _____
Unknown/Not mentioned 8

K. VISIT #10

1. Date of Visit:

a. From: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

b. To: |_|_|_| - |_|_|_| - |_|_|_|
 Mo Day Year

Unknown/Not Mentioned 888888
 (If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned.....888888
 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (**CIRCLE ALL THAT APPLY**)

Routine postpartum 1
 Postpartum complications 2
 Family Planning 3
 General health 4
 Re-Check or Follow-Up 5
 Blood Work/Other test 6
 Injury 7
 Illness 8
 Other (**SPECIFY**) 9

Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1
 Hospital In-Patient 2 ☐ **GO TO Q13**
 Hospital Out-Patient 3 ☐ **GO TO Q13**
 Public Clinic 4 ☐ **GO TO Q13**
 Private Clinic 5 ☐ **GO TO Q13**
 Private Practice 6 ☐ **GO TO Q13**
 HMO 7 ☐ **GO TO Q13**

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

|_|_|_|_|

Unknown/Not Mentioned 8888

7. When did the symptoms/injury first appear?
- a. Date: ____/____/____ - ____/____/____ b. Time: ____:____:____ (USE MILITARY TIME)
- Unknown/Not Mentioned 888888 Unknown/Not Mentioned.....8888
(If any portion of date is unknown, fill with 88)
8. Was the mother referred to the ER by a health care provider?
- YES 1
NO 2° **SKIP TO Q10**
Unknown/Not mentioned 8° **SKIP TO Q10**
9. If YES, why?
- Severity of illness/injury 1
After regular provider's hours of business 2
Other (**SPECIFY**) 3
- _____
Unknown/Not mentioned 8
10. How was the mother transported to the ER?
- Ambulance 1
Walk-in 2
Unknown/Not mentioned 8
11. Did the ER visit result in a hospitalization?
- YES 1
NO 2
Unknown/Not mentioned 8
12. Was this an appropriate ER visit? (**THIS QUESTION IS TO BE COMPLETED BY PS**)
- YES 1
NO 2
Not sure 8
13. What was the name of the doctor and/or nurse who treated the mother?
- Doctor: _____ Nurse: _____
14. How was the visit paid for?
- Medicaid 1
Medicaid Chartered 2
Managed Care 3
Private insurance 4
Self pay 5
None 6
Other (**SPECIFY**) 7
- _____
Unknown/Not mentioned 8